

**State of Connecticut**  
**GENERAL ASSEMBLY**



# **IT PAYS TO START YOUNG**

**The 2005 Legislative Session Invests in Children**



**August 2005**

# State of Connecticut

## GENERAL ASSEMBLY



### COMMISSION ON CHILDREN

## **The 2005 Legislative Session Invests in Children**

### **Children: The One Investment that Keeps Growing**

The Legislature this year invested resources and policies in proven practices to address solutions and decrease crisis. From prenatal to young adult, the legislature returned to children as a primary focus. They understood that children are the one investment that keeps growing.

#### **The Problem:**

#### **Family Health Care**

When parents lack health care, children's physical and behavioral problems are often affected. Without health care, low-income families delay treatment, stay sick longer, and wait until they are seriously ill before receiving proper care. Acute care hospitals serve as the healthcare safety net for the uninsured, and hospital emergency room treatment becomes default health care.

#### **Costs:**

In FY 2003, \$62 million in uncompensated care costs were associated with Connecticut hospital care provided to the uninsured.<sup>1</sup>

#### **The Solution:**

The legislature restored HUSKY health care coverage for parents with incomes that are between 100% and 150% of the federal poverty level. This provides health care access to low-income working families.

#### **The Problem:**

#### **Shortage of Quality Preschool for Young Children**

Some children enter school without the necessary skills for formal learning. Most of these three and four year olds do not have preschool experience. A recent kindergarten study revealed that children with two years of preschool dramatically surpass their peers who have had no preschool in language and literacy, math, social and emotional, health and fine motor skills.

Quality preschool environments for three and four year olds narrow the education achievement gap, decrease grade retention and reduce behavior problems and special education costs. They also increase school attendance as well as elementary school grades and achievement scores. Ensuring that a child enters school ready to learn and succeed is an important component of any school readiness strategy.

#### **Costs:**

Bridgeport followed children who had quality early care and education

programming and those who did not have such programming. Children who had quality early education had fewer retentions, more frequent attendance and higher reading scores throughout grades K-2. Due to the difference in retentions alone, Bridgeport school readiness was estimated to save over a half million dollars - *just for the students who were part of that study*. Retentions in K-2 cost \$622,644 for the control group and \$113,208 for the school readiness children who were observed.<sup>2</sup> Savings over time and among all students in Bridgeport would likely be much greater.

**The Solution:** The legislature 1) opened school readiness programs to 22 more towns, 2) added \$1 million to leverage \$17 million for new child care facilities to be built throughout the state, addressing a shortage in space and facilities 3) created incentives in schools for preschool programs to be built, 4) appropriated \$3.5 million for state funded child care centers, 5) increased dollars for school readiness programs to ensure quality, 6) created a Children's Cabinet with representatives from the Governor's office, the legislature and the community to oversee preschool quality and growth planning and outcomes; and 7) added requirements in law to create standards for transition to school ensuring that the gains of preschool are transferred to the kindergarten teacher.

**The Problem:**

### **Shortage of Well-Trained Child Care Workers**

The underpinnings of a child's ego, self esteem, and lifelong learning patterns are sewn together before kindergarten. Unlike the body, which takes 20 years to mature to 95% of its full size, the brain develops to 90% of its capacity in the first five years. At birth children's brains have almost all the brain cells, or neurons, they will every need.

Between birth and school age a process of "sculpting" occurs: some neural connections are made or reinforced and others die away. Early childhood experiences shape these connections; helping to determine which ones are maintained and which are lost. Early care workers need to know how to teach these young children while their learning patterns are forming.

Poor child care hurts a child's cognitive and social emotional skills development. Many providers are not well trained and do not have planned, intentional activities for children to help them thrive. Children need optimal environments where they can learn, play and rest in a way that maximizes their learning and individual pace.

Parents want quality care with well-trained providers for these critical times in a child's early development. Yet, the critical shortage of quality care, particularly for infants and toddlers, as well as the cost of care, pushes many parents to choose unlicensed care because they have no real choice. The majority does not seek out informal care as a matter of choice. In Bridgeport alone, 2,300 children are being cared for in unlicensed, unregulated care. 70% of the parents said they would choose licensed childcare when given the choice. Poor quality care or no childcare is the starter fuel for inequities in educational achievement.

**Costs:** Studies have shown that for every dollar invested in quality pre-kindergarten programs, which improve school readiness, society receives seven dollars in benefits.”<sup>3</sup>

**The Solution:** The legislature is requiring early childhood teachers to have a BA degree by 2015 to ensure that well-educated and trained teachers are working with young children. Scholarships for teacher training are continued. Technical assistance is available through Connecticut Charts A Course, the State Department of Education and a new early childhood center at Eastern Connecticut State University.

**The Problem:** **Out of School Time Hours and Children**

More than 70% of parents of school-aged children work outside the home. Yet, only one third of children are involved in supervised, structured and enriching after school programs.

Children with nowhere to go after school are more likely to experiment with drugs and sexuality. The peak hours of juvenile crime are from 3:00 p.m. to 6:00 p.m., and violent juvenile crime soars in the first hour after school gets out. Children who are not involved in school activity and oversight are likely to receive poor grades, and commit school vandalism.

After school programs keep children out of harm’s way while teaching the skills and core values they need to succeed. Quality after school programs can cut by as much as 75% the risk of becoming involved in crime.<sup>4</sup>

Connecticut boasts many fine private and public after school programs that keep kids safe, and enhance personal, social and academic skills. Yet, a significant shortage of out of school time programming exists during the peak after school hours when most parents are working.

Parents in Connecticut think after school is critical, but they are frustrated by a fragmented system and need help in determining quality and age appropriate programs. A recent Connecticut survey found that nine in ten (91 percent) parents and school personnel surveyed believe it is “very important” that before and after school activities be available at their schools. Barriers to operating before/after school programs include insufficient funds, transportation, and staffing issues.

**Costs:** A child's risk of being a victim of crime triples once school lets out.<sup>5</sup> After school hours (3:00-6:00 p.m.) are the prime time for 16- and 17-year olds to be in or cause a car crash, the leading cause of deaths for youth.<sup>6</sup>

**The Solution:** The legislature put one million dollars into after school care, attending to program need as well as the coordination of after school programs in Connecticut.

**The Problem:****Parents are Missing as Policy Partners**

Increasingly the federal and state governments are coming to understand that parents have a sharper view and clearer understanding of what works and what does not work for their children than other stakeholders. Children and programs gain from parent involvement. Parents engaged in their children's learning lead to students having higher grades and test scores, regular school attendance, graduation and high level programming.

Yet, many parents do not know how to be involved in the policies and programs that effect their children's lives. This does not come from lack of interest but lack of civic leadership skills. Parent engagement has a significant impact on child learning, school performance, overall school morale and public accountability. So many parents are interested in constructive change for children but do not often have a democracy tool kit that includes basic information on the how-to's of community or state engagement.

**Costs:**

Children with involved parents have better school attendance, higher test scores, fewer placements in Special Education, more positive attitudes and behaviors and a higher likelihood of completing high school and enrolling in post-secondary education.

**The Solution:**

Connecticut is the first state in the nation to address this gap in civic skills for families. Connecticut created the Parent Trust Act- a competitive grant program trusting in parents as leaders for the next generation. Towns or agencies can apply for dollars to teach parents how to lead actively for children in public policy, budget decision-making and assessing need with accountability. One quarter of a million dollars will be matched by private philanthropic dollars to ensure that parents have opportunity to be trained as leaders in children's policy and program needs.

The Parent Trust insists on the quality leadership of parents through a careful definition of quality-diversity, sustainable, quality tools. Unprecedented for state departments, this is historic, model practice and policy. Civic leadership is voice and participation in the interest of the public good. The Parent Trust focuses on family civics and presumes that parents can seek to effect change for the public good.

**The Problem:****Shortage of Children's Mental Health Care**

One child in 20 by the age of five faces disruptive behavior disorders. Less than half of the children who need mental health services can get them. Children often cannot find a provider who can schedule a timely visit. Often those who can provide visits do not accept insurance. Hospitals often lack beds and emergency departments are not set up to care for children in mental health crisis.

Approximately one in five children experiences the signs and symptoms of a disorder during the course of a year, and five percent experience “extreme functional impairment”.<sup>7</sup> Yet, there has not been a mental health system for children and youth. Care is hard to find and often costly. Treatment is not coordinated with other services such as health care or family supports. Resulting from this lack of mental health care and coordination, many children are expelled from school for emotional problems rather than receiving proper treatment. Others wait for day in emergency rooms for interventions. Still others end up in jail, waiting for a kind of care that does not exist.

**Costs:** Seventy percent (70%) of behavioral health dollars for children served by the HUSKY health care plan are spent for psychiatric hospitals and residential treatment, serving only 18% of all HUSKY children receiving behavioral health services.<sup>8</sup>

**The Solution:** The legislature 1) Implemented a children’s mental health system called Kid Care with \$22 million in community mental health for children and community based prevention programs. 2) Included mental health consultation in the budget for childcare centers to assist and properly refer children with behavioral needs.

**The Problem:** **Child Abuse and Neglect is Very High in Connecticut.**  
Many parents birth children but are not prepared for the role of parenting. Some are overly stressed with economic or social difficulties, others are very young, and Connecticut has the second worse child abuse rate on record in our state.

More than 52 out of every 1000 children were referred in cases of child abuse. A total of 45,627 children were referred in cases of child abuse, an increase of more than 3,500 children from the previous year. There were 11 child fatalities. Four of the families had received family preservation services within the previous 5 years.

**Costs:** Struggling families without sufficient support or resources are at higher risk for emergency room visits, unemployment, welfare reliance and involvement with child welfare and criminal justice systems. In 2000, \$549 million was spent on preventing or treating abuse or neglect in Connecticut, including \$419 million in state funding.<sup>9</sup>

**The Solution:** Home visitation has been proven to decrease child abuse and neglect. Home visitation to parents during pregnancy and after the baby is born, helps parents attend to their children, to develop deep connections and to properly nurture the new arrival. For every dollar invested in home visitation, if implemented in Hartford using a nurse-family model, there would be a return of \$6.58 in monetary benefits.<sup>10</sup>

The legislature ensured this session that every birthing hospital have a

Nurturing Family Program for new babies and their families. This is a state prevention strategy to bolster families and decrease crisis. New dollars were put into the Nurturing Families program to ensure that every hospital with newborns had this program. The legislature has also begun to research how to finance part of this growth through an innovative match with federal Medicaid funds. This will bring in more resources for quality and score of services.

**The Problem:**

**Child Obesity is a Health Epidemic**

The prevalence of overweight American children nearly doubled in the past 20 years and nearly tripled for adolescents. Nationally, over 50% of all obese six-year olds are projected to become obese adults.

Connecticut's obesity rate has risen from 11.7% in 1990 to 19.1% in 2004. Overweight children face increased risks of Type 2 diabetes, hypertension, and heart disease. Approximately 9% of Connecticut students in grades 9 to 12 are overweight. In some Connecticut communities, as many as 25% of children are overweight. More than 3,000 people in Connecticut die each year from obesity and its complications.

**Costs:**

Obesity has costly direct and indirect consequences for families, health systems and the government programs that pay for emergency and long-term illness care. Obesity is a risk factor for heart disease, diabetes, several types of cancer, and other chronic health problems. It also is associated with premature death and disability, increased health care costs and lost productivity.<sup>11</sup> In Connecticut, obesity-related health problems for adults cost an estimated \$856 million in annual medical expenses.<sup>12</sup>

**The Solution:**

The legislature passed legislation (vetoed) that would have 1) encouraged the creation of district wide wellness committees, 2) expanded school breakfast, 3) required 20 minutes of recess in grades K-5, 4) limited the type of beverages that can be sold; and 5) directed the state department of education to develop a list of healthy snacks,

**The Problem:**

**Children in Poverty**

Nearly 89,000 children in Connecticut – close to 11% of the state's children – live in families whose income is below the federal poverty level. Nearly one-quarter (24%) of our state's children live in low-income households with income at or below 200% of the federal poverty level.

The costs of child poverty for children and families are severe: Children in poverty are more likely to have infectious disease, low birth weight, lead poisoning, asthma, anemia, and hunger. They are also more susceptible to poor cognitive development. Children in poverty are up to three times more likely to die during childhood.

**Costs:**

Child poverty costs both children and the state. Each year that a child spends in poverty results in a cost of \$11,800 in lost future productivity. The Connecticut

labor force is projected to lose as much as \$1.1 billion in future productive capacity for every year that the current number of Connecticut children live in poverty.

**The Solution:** The legislature required that the goal of the state Child Poverty Council (to reduce child poverty by 50% over the next ten years) be linked to the state budget with accountability and outcomes measures. This requires state agencies to establish performance-based standards in state contracts for those who serve children in poverty to measure their progress in reducing poverty.

**The Problem:**

**Juvenile Justice**

Many children in the juvenile justice system and the adult court and prison system should not be there. Some children in the juvenile justice system have not committed any crime but have run away, skipped school or engaged in other risky behaviors. Research shows that these young people need early intervention to address underlying personal and family problems. They should not be housed in juvenile detention facilities with delinquent offenders.

Many young people in the juvenile justice system have untreated mental health needs. In 2004, 55% of the children admitted to detention had a mental health disorder needing treatment and 20% presented symptoms requiring prompt psychiatric intervention.<sup>13</sup> Young people with mental health or other problems who have committed delinquent offenses or crimes often end up in a prison-like juvenile facility or in adult prison with few services and great danger. Youth with mental health or substance abuse problems need a community-based system that responds to their needs with timely and cost-effective care.

**Costs:** The lifetime costs for an individual who becomes a career criminal, becomes a heavy drug user and drops out of school can exceed \$1 million per person.<sup>14</sup>

**The Solution:** The legislature approved legislation to (1) prohibit treating children of a Family with Service Needs (e.g. a child who has run away, been truant, or engaged in another non-delinquent behavior) as a delinquent or holding the child in juvenile detention; (2) require a critical response team to make recommendations concerning the future of the troubled Connecticut Juvenile Training School (vetoed); and (3) make more children and youth defendants in adult court eligible for youthful offender status, which provides private case proceedings, a sealed court record that may be erased at age 21 if the young person successfully completes the program and does not re-offend.



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## ENDNOTES

<sup>1</sup> Connecticut Hospital Association (May 2005). <

<http://www.chime.org/ChimeData/FactSheets/Connecticuts%20Uninsured.pdf> >

<sup>2</sup> Watson, D. (2002, Jan.). *Bridgeport school readiness longitudinal study*. Bridgeport, CT: Bridgeport Public Schools.

<sup>3</sup> *How Federal Budget Priorities and Tax Breaks Are Harming America's Children*; Every Child Matters Education Fund. December 2003. <http://www.everychildmatters.org>

<sup>4</sup> Connecticut Commission on Children. <<http://www.cga.ct.gov/coc/After%20School%20statistics.htm>>

<sup>5</sup> Children's Defense Fund.

<<http://www.childrensdefense.org/education/prevention/factsheets/preventionworks.aspx>>

<sup>6</sup> Fight Crime: Invest in Kids. < <http://www.fightcrime.org/afterschool.php>>

<sup>7</sup> Mental Health: A Report of the Surgeon General. (U.S. Department of Health and Human Services, 1999), p. 123 (cited in CHDI (2000, Feb.) *Delivering and Financing Children's Behavioral Health Services in Connecticut*).

<sup>8</sup> CHDI (2000, Feb.) *Delivering and Financing Children's Behavioral Health Services in Connecticut*.

<sup>9</sup> Fight Crime: Invest in Kids. (2003, Aug. 26). *New hope for preventing child abuse and neglect in Connecticut*. Washington, DC: Author.

<sup>10</sup> CPEC. (2005). *Nurse-family partnership – Hartford example: Return on investment description*.

<sup>11</sup> Center on Hunger and Poverty & Food Research and Action Center. (Undated.) *The paradox of hunger and obesity in America*, 2. Waltham, MA & Washington, DC: Authors.

<sup>12</sup> Finkelstein, EA, Fiebelkorn, IC, Wang, G. State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research* 2004;12(1):18-24.

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<sup>13</sup> Connecticut Voices for Children. Candidate Briefing 2004. <

<http://www.ctkidslink.org/publications/juv04candbrief10.pdf>>

<sup>14</sup> Cohen, M. (1998). The monetary value of saving a high-risk youth. *Journal of Quantitative Criminology*, 14 (5-33). Cited in Bruner, 40.